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FACSIMILE TRANSMITTAL COVER SHEET

DATE: April 29, 2005 ATTORNEY DOCKET NUMBER: KCC 4845 (K-C 16,984)
PTO FACSIMILE NUMBER: (703) 872-9306PLEASE DELIVER THIS FACSIMILE TO: Karin M. Reichle
THIS FACSIMILE IS BEING SENT BY: Richard L. Bridge
NUMBER OF PAGES: 31 INCLUDING COVER SHEETTIME SENT: 2:47 OPERATOR'S NAME Jessica Dunn

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to
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Typed or printed name of person signing certification



Signature

April 29, 2005

Date

Type of paper transmitted: Request for Continued ExaminationApplicant's Name: Michael T. Morman et al.Serial No. (Control No.): 10/037,457 Examiner: Karin M. ReichleFiling Date: 12-31-01 Art Unit: 3761 Confirmation No. 4817Application Title: ALL DIRECTION STRETCHABLE MULTILAYER DIAPERIF YOU DO NOT RECEIVE ALL PAGES CLEARLY, CALL BACK AS SOON AS
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KCC 4845 (K-C 16,984)
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of Michael t. Morman, et al. Art Unit 3761
Serial No. 10/037,457
Filed December 31, 2001
Confirmation No. 4817
For ALL DIRECTION STRETCHABLE MULTILAYER DIAPER
Examiner Karin M. Reichle

April 29, 2005

REQUEST FOR CONTINUED EXAMINATION TRANSMITTAL

COMMISSIONER FOR PATENTS
P.O. BOX 1450
ALEXANDRIA, VIRGINIA 22313-1450

SIR:

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.

1. REQUIRED SUBMISSION:

- a. ☐ Previously submitted
 - i. ☐ Consider the amendment(s)/reply under 37 C.F.R. §1.116 previously filed on _____
 - ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
 - iii. ☐ Other _____
- b. ☒ Enclosed
 - i. ☒ Amendment/Reply
 - ii. ☐ Affidavit(s)/Declaration(s)
 - iii. ☐ Information Disclosure Statement
 - iv. ☐ Other _____

2. MISCELLANEOUS

- a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. §1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; fee required)
- b. ☐ Other _____

3. FEES (Required when the RCE is filed)

KCC 4845 (K-C 16,984)
PATENT

- a. ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 19-1345. A duplicate copy of this sheet is enclosed for fee processing.
- i. ☒ RCE fee required under 37 C.F.R. §1.17(e)
 - ii. ☐ Extension of time fee
 - iii. ☒ Excess Claim Fees
- b. ☐ Check in the amount of _____ is enclosed. The Commissioner is hereby authorized to charge any underpayment or credit any overpayment to Deposit Account No. 19-1345.

Respectfully submitted,



Richard L. Bridge, Reg. No. 40,529
SENNIGER POWERS
One Metropolitan Square, 16th Floor
St. Louis, Missouri 63102
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RLB/ANC/jmd

Mail Stop RCE

FEE TRANSMITTAL

Application Number 10/037,457 Art Unit 3761
Filing Date December 31, 2001 Confirmation No. 4817
Inventor(s) Michael T. Morman et al.
Examiner Name Karin M. Reichle
Attorney Docket Number KCC 4845 (K-C 16,984)

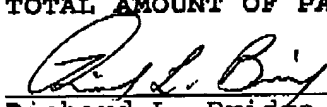
METHOD OF PAYMENT

- [X] The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.
- [] Check Enclosed. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

FEE CALCULATION

1. [] BASIC FILING, SEARCH AND EXAMINATION FEES
(Type: _____) Subtotal (1) \$ _____
2. [X] EXCESS CLAIM FEES
- | | | | | | | | | | | |
|-------------------------------|-----------|---|-----------|--------|----------|---|-----|------------|---|-----------------|
| Total Claims | <u>42</u> | - | <u>39</u> | (HP) = | <u>3</u> | x | Fee | <u>50</u> | = | <u>\$150.00</u> |
| Indep Claims | <u>6</u> | - | <u>3</u> | (HP) = | <u>3</u> | x | Fee | <u>200</u> | = | <u>\$600.00</u> |
| Multiple Dependent Claims Fee | | | | | | | | | | <u>\$</u> |
- (HP = highest number of claims paid for)
- Subtotal (2) \$750.00
3. [] APPLICATION SIZE FEE
- Total Pages _____ - 100 = _____ + 50 = _____ x \$250 = \$ _____
(Application + Drawings) (round up to whole #)
- Subtotal (3) \$ _____
4. [X] OTHER FEE(S)
- | | |
|-----|---|
| [] | _____ month extension of time |
| [] | Information disclosure statement |
| [] | 37 CFR 1.17(q) processing fee |
| [] | Non-English specification |
| [] | Notice of Appeal |
| [] | Filing a brief in support of appeal |
| [] | Request for oral hearing |
| [X] | Other: <u>Request for Continued Examination</u> |
- Subtotal (4) \$790.00

TOTAL AMOUNT OF PAYMENT \$1,540.00


Richard L. Bridge, Reg. No. 40,529
Telephone: 314-231-5400

4/29/05
Date

RLB/ANC/jmd